



2009 Annual Ethics Lecture

Over the Edge: Individual Autonomy and Flat-Earth Ethics

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I too acknowledge the traditional owners of this land. I acknowledge also those who share responsibility for it today: Curtin University, Vice-Chancellor Professor Hackett, Associate Professor Millett, and all present here. I hope that your interest in my subject will be rewarded.

The title of this lecture probably gives away my fundamental stance. I wish to examine and critique a basic plank in ethical thinking in the Western world today, the notion of individual autonomy - or at least some aspects of one version of individual autonomy. My reason for choosing this topic is my concern at the standard of public debate surrounding the possibility of legislating to allow euthanasia in Western Australia. Not to put too fine a point on it, I believe that with one or two exceptions the standard of this public conversation so far has been mediocre at best, which may simply be the price we pay when we rely on the media to drive the issue. As a former amateur journalist myself I know that headlines sell papers and sway public opinion, and newspapers thrive on conflictual issues, but the media by and large are not that well adapted to exploring issues as complex as the euthanasia question. In history, universities have been the seed-beds of important ideas, so it is appropriate in this setting to expose this important idea to a somewhat more rigorous examination than either the press or the Parliamentary process normally permit.

It is essential to remember that this is a lecture in philosophy. Whatever school of thought one may follow, philosophy can and must engage practical aspects of life in society or else it becomes a sterile academic pursuit. I am not by profession a philosopher, but in my first tertiary studies 35 years ago I learned that philosophy, the love of wisdom, is an intensely practical discipline which is absolutely necessary if we are to explore, discuss, critique and perhaps modify the ideas and concepts which underlie and inform our grasp on the world. Philosophy therefore must take central place at the very heart of a university, and universities must play vital roles in our society's seeking after wisdom. Today I want to discuss just one idea of immense importance to our social cohesion and social progress, that of personal autonomy. I will welcome comments and questions at the end of the paper.

Let me begin, however, with a parable.

Three months ago I had a most terrible experience, one that has left a permanent scar on my psyche, an indelible mark on my soul. It may not seem all that terrible to you, but it certainly was to me. I saw myself reflected in a mirror. But it wasn't the view of me I have been seeing for 53 years. By virtue of the arrangement of several mirrors, I saw what I look like from behind.

Why was this experience so personally devastating? Because I had just stepped out of the shower. Try not to let your imaginations run away with you.

You see, all my life I have been seeing one aspect of myself, the frontal view, reflected in mirrors. While that may not be very inspiring to you, it has served me very well all this time. It is the view of me I think about when I think about myself. In my mind, it is this aspect of me that you relate to and communicate with; in my mind it's through this view that I engage the world and make decisions and go about the business of my life.

But what I discovered in that awful moment was that the frontal view is not the whole story of me. There is another aspect of me I have never really thought about because I rarely see it: there is your view of me as I leave the room. Somehow, all these years, this aspect of me has also been engaging the world - I have not been conscious of it, which is some consolation I suppose, and indeed at first I didn't even recognize it as me at all. But when I realized that what was reflected in the mirror was in fact another aspect of me, I resolved immediately to do something about it. Diet and exercise are the only answer.

Now there are three aspects of this episode that I want to highlight:

1. for many years I operated quite successfully and uncritically on the basis of a more or less two dimensional view of who I am in the world;
2. it took a moment of shock for me to realise that there is another aspect of me which is actually also part of the whole, and now that I know it, I can ignore it no longer;
3. therefore I believe I must alter my pattern of behaving in the world.

I want to suggest that more or less the same is true of our society as a whole: there are some things we have just accepted more or less uncritically about ourselves, which for the most part allow us to function quite successfully as individuals and as a society. But occasionally we encounter situations which challenge those accepted truths and add new dimensions to our self-understanding, and this forces us to reexamine and perhaps to amend our view of ourselves and of our society and, consequently, to amend our behaviours in the world.

One of these accepted truths is the proposition - now accepted as an absolute - that I am an autonomous individual. Most of the time we are able to operate as though we were, in fact, individually autonomous and so we have come to assume that it must be a fundamental truth of human existence. But I believe that we have now encountered a situation which should cause us to radically re-examine this claim. The situation is the proposal to legalise euthanasia in Western Australia, which seems to be based on three arguments:

- that most of the public want it
- that as autonomous persons we should not be impeded from making this choice if we wish to
- that it is the role of Parliament to make this choice possible.

Notice that all three arguments are variations on the one theme, which is captured in the second argument: human beings are autonomous individuals who, being autonomous, should not be impeded from pursuing whatever courses of action they choose unless there is good reason. Many people in our society believe this to be true, hence many people appear to support the euthanasia proposal and believe that Parliament ought to legislate to allow it. But it is also reasonable to ask: if 80% of our population really do support euthanasia, why do less than 50% of doctors support it,¹ and less than 10% of cancer specialists?² Do those closest to the action know something we don't?

¹ Multiple Sclerosis Society (2009), "Majority of UK doctors opposed to legalization of euthanasia" (Press Release 24 March 2009). Online <http://www.prnewswire.co.uk/cgi/release?id=252423> ; Diana Pasterfield et al. (2006), "GP's views on changing the law on physician assisted suicide and euthanasia, and willingness to prescribe or inject lethal drugs: a survey from Wales." *British Journal of General Practice* June 2006, 450-452.; Syed Qamar Abbas et al. (2008), "Attitudes toward euthanasia and physician-assisted suicide among Pakistani and Indian doctors: a survey." *Indian Journal of Palliative Care* 14:2 (2008) 71-74. Online at <http://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2008;volume=14;issue=2;spage=71;epage=74;aualast=Abbas>

In any event, since autonomy is the principal assumption underpinning the euthanasia proposal, it is reasonable to examine the notion more closely. I don't claim to have any answers, only some questions that are important to ask. I am, as it were, holding up a mirror in the hope that we will see other aspects of a situation which, until now, we may have thought relatively straightforward. In a question as important as life and death, I believe we should reflect seriously and rationally on all of these issues before jumping to conclusions.

What does autonomy mean, anyway?

In a not uncontroversial essay entitled '*Autonomy and the Subjective Character of Experience*', philosopher Kim Atkins defines autonomy as:

self-determination: the freedom to pursue one's conception of the good life, just as long as it does not impinge upon another's identical freedom.³

The notion of individual autonomy, this right to self-determination, forms one of the central planks of ethical thinking in the Western world today. One version of it was enunciated in the Belmont Report in the late 1970s and elaborated by Beauchamp and Childress in various editions of their landmark '*Principles of Biomedical Ethics*', although in bioethics the notion of autonomy also flowed from the need to respond to unethical research conducted on prisoners of war during World War II. In this context autonomy is the value which requires that no medical research - indeed no medical treatment of any kind - should be imposed on a person against their will. Autonomy in this sense consists in the right to choose which medical treatments, or which medical research projects, one will or will not accept. To exercise autonomy in this context means that I, the patient, determine which if any medical treatment I will receive. As Sheila MacLean puts it:

² American Society of Clinical Oncology (2000), "Euthanasia and Physician-Assisted Suicide – What Are Doctors Thinking?" Survey report in the *Annals of Internal Medicine* 2000; 133:527-532. Summary online at <http://www.medicinenet.com/script/main/art.asp?articlekey=14978>

³ Kim Atkins (2000), 'Autonomy and the Subjective Character of Experience', *Journal of Applied Philosophy* 17(1) 2000:71-79, at 74. Online at http://www.blackwellpublishing.com/content/BPL/Images/Journal_Samples/JAPP0264-3758~17~1~141/141.pdf. Accessed 16 November 2009.

. . . autonomy is the transcending principle of modern bioethics, and its influence pervades - at least in theory - every clinical encounter and every medical act. Personal choices about healthcare are taken, by and large, to be definitive . . .”⁴

So far so good: autonomy in this sense is relatively uncontroversial, largely because it concerns making choices or selections from a range of ends (or medical treatments) proposed by the doctor for my consideration. Autonomy here, you will notice, is not absolute - it is neither unlimited (for it is exercised only within a finite range of possibilities proposed to me by another) nor is it attainable by me in practice without the doctor’s help.

But there is another much expanded notion of autonomy, an excessively individualistic sense of autonomy, which takes a significant step beyond this: it claims that we are free to choose whatever ends we wish to pursue in regard to almost everything in life, subject to just one limitation: we must not do harm to others or to their right to pursue their own freely-chosen ends. This right to choose our own ends and the underpinning view of what it means to be human has served us so well that, in the Western world at least, it is accepted as a basic individual right which is limited only when necessary to meet the demands of living in community. But this is an essentially a two-dimensional view of what it means to be human, and today I want to hold a mirror up to it. Let me explain.

Let us assume that each person in this room has the right to choose some other point in the room as a place they would rather be - to choose their own end, to use the language of metaphysics. We each have the right to move in whatever direction we wish, to pursue that end freely. We can capture this graphically by drawing a line between the self and the chosen end, and of course we know that the shortest distance between two points (between myself and my chosen end) is a straight line. The only condition imposed on us is that we may not cross lines drawn by any other person in this room. How might we achieve this? Even one as geometrically challenged as I can see that the only way we each can pursue our ends under these circumstances is if we describe parallel lines.

⁴ Sheila A M MacLean (2010), *Autonomy, Consent and the Law*. London: Routledge-Cavendish 2010. At 6.

Now let us assume that we have this right of freedom of choice, limited in this one way, indefinitely - that we can go on making pursuing whatever ends we like for as long as we wish. What kind of earth would we need in order to ensure that we never cut across anyone else's path? The answer, I suggest, is a flat earth. I suggest that the radically individualist version of personal autonomy is only feasible in practice if we subscribe to flat-earth ethics.

Because the rule '*the shortest distance between two points is a straight line*' only holds true on a flat surface. It is only on a flat earth that lines never curve around, never converge or cross, but can simply go straight on and on forever. In the real world - not the two dimensional flat earth but the three dimensions of the real earth - the shortest distance between two points is a line following the great circle - the circumference of the earth measured from any point. Every line of longitude is a great circle - and every line of longitude crosses every other line of longitude twice. In the real world no human being wishing to follow a 'straight line' to their freely-chosen end can avoid crossing the 'straight' lines drawn by other human beings also pursuing their freely-chosen ends. Only round-earth ethics, and a less radically autonomous idea of what it means to be human, can take account of the arcs and curves, the convergences and divergences, which describe the real experience of human life.

And there is one other important way that the flat earth and the round earth differ: unless we are dealing with a flat earth of infinite dimensions, at some point everyone pursuing a straight line will reach the edge of the world - and then fall off. On a round earth, of course, everyone pursuing a great circle will continue until they come home again to the point of origin. Only round-earth ethics is capable of bringing us back to ourselves and to new understandings of what it really means to be human.

We know that our understanding of the earth and of science has changed over time - from the flat, anthropocentric cosmology of Ptolemy to the more adequate 'round earth', heliocentric view of Copernicus and Galileo; to Heisenberg's discovery that the observer affects what is observed; to Lonergan's insight that this is necessarily so because the observer is part and parcel with the object under observation.

If science has taught us anything it is this: we now know that we cannot stand apart from our environment, much less stand over against it - we are so much part of our environment, our environment contributes so much to who we are and continues to affect us so profoundly that we cannot stand apart from it without doing ourselves great harm. The same is true of ethics: we do not live on a flat earth, cosmologically or ethically; we cannot each claim the right to pursue our own freely chosen ends if, even in merely defining those ends let alone pursuing them, we ignore our essential interrelatedness.

- We can only subscribe to a radically individualistic sense of autonomy if we believe it is possible for each of us to pursue our own freely chosen ends without cutting across the free choices of others - and that is just not possible in the real world.
- Alternatively we can subscribe to a more realistic notion of autonomy - one which takes account of the curvature of social and cultural life, which leads us back to a new view of ourselves which we only gain through our interaction with others - which seems more in keeping with actual human experience.

Peter Singer is reputed to have said that an idea which is good in theory but bad in practice is bad in theory. I don't often agree with Peter Singer, but on this occasion I do. The radically individualist theory of autonomy is an idea which is bad in theory and impossible in practice.

Where does this excessive idea of autonomy come from?

Alasdair MacIntyre suggests at least three sources for this radical notion of personal autonomy, all of them flowing from a misconception of the Enlightenment project:⁵

- An overly individualistic notion of self
- An ambivalent relationship with social institutions, and
- Loss of classical teleology.

⁵ See in particular Alasdair MacIntyre, (1990) 'Individual and Social Morality in Japan and the United States: Rival Conceptions of the Self' *Philosophy East & West*. volume 40. no. 4 (October 1990). 489ff. Online at <http://brandon.multics.org/library/Alasdair%20MacIntyre/macintyre1990individual.pdf> Accessed 16 November 2009; and (2006) *Ethics and Politics. Selected Essays, Volume 2*. Cambridge University Press 2006.

MacIntyre holds that the Enlightenment, that tumultuous period roughly from Descartes' *Discourse on Method* (1637) to the French Revolution (1789), can be defined by its primary task which was to achieve 'a condition in which human beings think for themselves rather than in accordance with the prescriptions of some authority'⁶ - be that authority the aristocracy, the church, the state or whoever. But that doesn't mean that we each need to think independently of one another and each reach our own individual conclusions, much less that the conclusions we reach can remain unchallenged simply on the grounds of our rational autonomy. There is a difference between thinking for oneself, beyond the reach of entrenched social institutions, and thinking independently of every other individual.

MacIntyre says:

Kant is unquestionably right in this: that thinking for oneself always does require thinking in cooperation with others. Some episodes of thought do of course consist in solitary monologues. But even solitary monologues have to begin from what others have provided, and their conclusions have to be matched against rival conclusions, have to be stated in such a way as to be open to critical and constructive objections advanced by others, and have to be thereby made available for reflective interpretation and reinterpretation by others, so that sometimes one comes to understand only from those others what one means or must have meant. We learn to think better or worse from others, much that is matter for our thought is presented to us by others, and we find ourselves contributing to a complex history of thought in which our debts to our predecessors are payable only to our successors.⁷

MacIntyre holds that in the process of liberating itself for the task of independent thinking, Western society accidentally lost grip on its philosophical anchor in the metaphysics it had inherited from Aristotle. As the Enlightenment project played out in Western democracies, we came to believe that independence from dominating social institutions also meant independence from every other individual person - not only in thinking but also in choosing ends and pursuing them.

⁶ MacIntyre (2006), 172.

⁷ MacIntyre (2006), 176-177.

Herein lie the seeds of an excessively individualistic and ultimately incoherent notion of self and social institutions. Observing American society (but making points which apply, *mutatis mutandis*, to our own) MacIntyre points to three characteristics he discerns in the modern American's sense of self: first,

a capacity of the self to abstract itself from the particular social role which it happens to inhabit and indeed from the whole social order of which that role is a constitutive part, so as to reflect upon itself as an individual *qua* individual, rather than *qua* family member or member of this or that social group.⁸

So while the individual self recognises that it is '*in large part a product of the influences of his or her social environment*', the same self also believes that it is '*beyond all social roles, capable of escaping from its past history and of making it new.*'⁹ This escape into solipsism enables the self to believe it is able to conceive and pursue any end it chooses save only that it must not cut across the paths taken by autonomous others. Flat earth ethics indeed.

In second place MacIntyre points to the dominant social rule of acquisition and competition. By 'social rule' here I mean the standard by which we measure others and believe ourselves to be measured by others. According to MacIntyre, at the same time as believing himself to be an individual, the modern Western self also feels

dominated by the social relations of an at once bureaucratized and individualist market economy, for which society appears not as that from which I am able to abstract myself and upon which I sit in judgment, but as the source of an impersonal vocation inflicted upon me.¹⁰

So at the same time that I claim radical autonomy as an individual, I find myself enmeshed in a common pattern of acquisition and competition. I do so in order to define myself and allow myself to be defined in relation to others in terms of what I acquire and possess (materially, financially, intellectually and so on) over against what they acquire and possess. Acquisition and competition provide the energy that drives the free market (a key social institution), but they also provide the dynamic by which I define myself as a distinct and allegedly autonomous individual being.

⁸ MacIntyre (1990).

⁹ MacIntyre (1990).

¹⁰ MacIntyre (1990).

Thirdly, MacIntyre identifies a tendency of the self to look to *'institutionalised human relationships, defined in terms of what remains of inherited religious and moral norms, for sustenance, restoration, and the resources to discharge the tasks confronting and burdening the self in all its aspects.'*¹¹ Faced with the enervating task of maintaining my unique identity and pursuing my autonomous choices in a competitive social environment, I look to various social institutions for the resources I believe I require: to government, the legal system, the free market economy, to technology and education.¹² Paradoxically, my claim to autonomy as an individual requires me to rely in practice on social structures and inherited sources of wisdom, strength and self-understanding.

It is not that some people experience one of these characteristics while other people experience others: MacIntyre suggests (and I agree) that many of us experience all of these at the same time. This generates what he calls an *'unacknowledged incoherence'*: socially, there are times we admire self-interested behaviour and uphold it as an ideal, and perhaps even strive to achieve it ourselves, yet we sometimes also condemn exactly the same behaviour in others. Incoherence can also be simultaneous: we praise radically individualist thinking on one hand, yet rely on systems of social cooperation on the other. Indeed this *'unacknowledged incoherence'* is an established feature of our social system: as the recent economic downturn and the Federal Government's stimulus package amply demonstrated, our economic well-being depends on both *'self-interested acquisitiveness'* on one hand and, on the other, cooperation and collaboration to maintain a healthy and balanced marketplace.

What are we to make of all this? Well, MacIntyre suggests that the sense of self which dominates Western thinking at the moment is a fundamentally incoherent concept which claims a radical right to pursue one's own ends at the same time as it relies heavily on social and historical relationships and institutions to provide the resources and conditions within which that radical individualism can be exercised. Indeed, the very self which claims that radical individualism is, in large part, an entity received from and formed under the influence of others - which makes one wonder about the claim of radical individualism in the first place.

¹¹ MacIntyre (1990).

¹² MacIntyre (2006), 173.

So this is the mirror I wish to hold up to our perhaps too uncritically received notion of autonomy: when one recognises the inconsistencies or incoherencies between this theory of autonomy and our actual lived experience, one wonders whether such an individualistic notion of self-determination is anything more than wishful thinking on the part of some. In practice, is our ethical world really that flat? I don't believe so: simply put, we are not as individually autonomous as some think.

Reflecting on Euthanasia

Having held up our mirror to the notion of individual autonomy, let me now offer some reflections on the euthanasia proposal itself. I do not intend to address arguments for or against euthanasia as such, which would take me beyond the framework of this paper, but I will indicate some areas in which, in my opinion, we need to go on thinking and conversing as a society, some fundamental issues which need to be addressed, before taking the next step. Along the way I will offer a definition of euthanasia which speaks to its necessarily social character.

First, a word about teleology. MacIntyre holds that much of what he sees as a malaise in Western society today can be attributed to the loss of Aristotelian teleology. The question of whether the end one chooses to pursue is in itself reasonable or not is a question of teleology - from the Greek '*telos*', end. In MacIntyre's view, rationality today has become so preoccupied with processes of choosing, and the autonomous nature of those processes, that it has lost sight of the need to have a *telos* worth pursuing. In addition, it has lost sight of the need to assess, and largely lost the ability to assess, the comparative worth of possible ends. Yet without an end worth pursuing there is no 'trigger' for human action at all - as the classical dictum has it, *omne agens agit propter finem* (every agent acts in order to attain some end).

In the Aristotelian metaphysics of human action, the end or object of one's action is the first thing that comes to mind - it is one's intellectual apprehension of some particular end that first prompts one to even consider taking action in order to obtain it. The task of intellect is to know the end as a thing to be pursued, to assess an appropriate means to pursue it, and then to pursue it in fact. The interplay of rational abilities to know the end and to desire the end frames the process of choosing, but the first and most necessary step in the process is to apprehend that an object is worthy of pursuit.

Now in order to be an object worthy of pursuit, an end must represent itself to the intellect as a good (a thing to be done or pursued because it bestows some benefit on the self) - indeed in some accounts 'end' and 'good' are perfectly interchangeable.¹³ So in assessing possible ends we need to ask: what benefit is there in obtaining that end?

Remember too that the 'self' who benefits is not the radically individualistic self we have already critiqued: it is the real self, the one embedded and formed within a specific history, culture, and social and ethical environment. It is the self having aspects both unique to each individual person and common to all persons, which receives rather than autonomously establishes a range of possible ends from which to choose. It is the self which sometimes has recourse to one particular social institution, the legal system, for help in pursuing the end it chooses.

But then we notice something strange: the only social institution which seems capable of providing clarity about the exercise of autonomous choice specifically refuses to consider whether the end autonomously chosen is reasonable in itself or not. The courts of law will examine whether a person has legal competence to refuse a medical treatment - whether they have sufficient mental capacity, the ability to decide, and the ability to communicate their choice¹⁴ - but when the courts apply the principle of autonomy or self-determination they do so, quite deliberately, '*without regard to the reasons for the patient's choice, and irrespective of whether the reasons are rational, irrational, unknown or even non-existent.*'¹⁵

¹³ Thomas Aquinas seems to hold this view, especially in his *Summa theologiae* I-II 18 and 19.

¹⁴ WASC 229 (2009), 16.

¹⁵ WASC 229 (2009), 27.

What is it that a person seeks when they take such a case to court? Not court approval for the end they have chosen, but affirmation that their process of choosing meets an adequate standard of autonomy and so on that count should be respected by others. Thus the courts have arrived at a standard for the exercise of autonomy: competence, adequate information, and freedom. These are necessary if one is to make a responsible ethical choice, but they do not determine whether the object chosen is itself a good or a bad thing to choose. They are necessary but not sufficient conditions for making a responsible ethical decision. The courts decide, in effect, who will bear responsibility for the decision which is made. They are not asked to determine, and do not accept the task of determining, the worth of the object of that decision.

It is important to be clear that this is a very reasonable thing for the court to do. But it is not reasonable to conclude that, because the courts limit themselves to this role, there is no other meaningful question requiring consideration. Why do I make this point?

When I began working on research ethics committees 20 years ago I noticed a peculiar thing: every time a research proposal raised a complex ethical issue - say, whether a potential participant had been adequately informed of the risks and benefits of participating in the project - the committee turned to the lawyer for advice. For many people on those committees - and I have served on nine so far - and for many others besides, autonomy as an ethical issue can simply be collapsed into autonomy as a legal issue. Sheila MacLean does exactly this in her recent book, '*Autonomy, Consent and the Law*': although she concedes that '*it maybe too simplistic to assume that the individual's autonomy is in fact protected by the rules for consent*',¹⁶ yet she discusses autonomy principally in terms of patient consent and the exchange of information between physician and patient.

There is a general assumption that as long as a choice is made autonomously, it ought to be respected - that is, as long as the *process of choosing* is reasonable, we can ignore the *object* of that choice. This is what MacIntyre means by a loss of teleology.

¹⁶ MacLean (2010), 4.

So what is it that a person asks for when they ask for euthanasia? To address this question it will be necessary to define what we mean by euthanasia in the first place, and it is this: as distinct from suicide (when a person deliberately causes himself or herself to die), euthanasia is any act or omission by which one person deliberately causes another person to die at the other's request. Their reasons for making this request may be many and varied, but the causal structure of euthanasia is constant: person A deliberately causes person B to die at person B's request.

We could at this point enter a protracted discussion on whether there is any moral difference between killing a person and allowing a person to die. Recognising that it is not really sufficient at all, may I say only this: this question revolves around whether or not I am morally obliged to keep you alive. In the normal course of events there is at least a *prima facie* moral duty to provide the necessities of life to those who cannot help themselves. [This is more or less the thinking behind S262 of the *Criminal Code* (WA): but notice that in applying the law according to whether or not '*the [medical] treatment is reasonable, having regard to the patient's state at the time and to all the circumstances of the case*', S259 tries to allow maximum room for prudential moral judgment. I will return to this directly.] But whether by action or inaction, if my choice of behaviour is causal to your death, and I intend your death to occur, and this all happens at your request, then we are talking about euthanasia.

So the person asking for euthanasia is asking for someone else to cause him or her to die - and proponents of euthanasia law reform are asking the state to rearrange existing legal sanctions and social relationships to allow this to happen. Their argument is based on individual autonomy, but we can see from its causal structure that euthanasia is social in nature rather than individual. Euthanasia is, by definition, not a personal act or a personal choice - it is a social act and a social choice. And we need to ask the question: how does this piece of information impact the argument for euthanasia based on individual autonomy?

The question again: what does a person really seek when they seek euthanasia? Now I am asking: is death itself the object of their moral choice, or is there some other object? Here philosophy can turn to science for information, and I would propose the work of the Canadian clinician and academic Harvey Chochinov - recently here in Perth for an international palliative care conference - and his associates. In peer-reviewed research first published nearly 15 years ago, Chochinov's team demonstrated that among terminally ill patients around 45% express a desire to die at one time or another, but less than 10% acknowledge a '*serious and pervasive desire to die*'.¹⁷ The reason for this is sometimes physical pain and discomfort, but more often than not it involves existential pain and suffering: '*hopelessness, burden to others, loss of a sense of dignity*'.¹⁸ So it is reasonable to ask: does the person seeking euthanasia really seek death as a moral object, or does he seek pain relief? A sense of hope? A sense of being valued despite his illness and its consequences for others? A recovered sense of personal dignity? In summary: is death the patient's real moral object, or is death only the means to attain some other moral object?

Now in some accounts of euthanasia it makes no difference whether death is sought as the end in itself or as a means to some other end,¹⁹ but in the context of seeking an appropriate social response it must surely be significant to ask whether as a society the best we can do is to agree to kill those who are actually asking for something other than death? If the request for death is in fact a plea for pain relief, should we not provide pain relief rather than death? If it is a plea for a recovered sense of personal dignity rather than a plea for death, should we not strive as a society to affirm and heighten that person's sense of dignity? These moral objects are reasonable, and in most cases more or less attainable given sufficient social will to do so. They are objects worth the social effort that will be required to attain them, because they are worthy of both those who seek them and those who have the capacity to provide them.

¹⁷ Harvey Max Chochinov (1995), Keith G Wilson, Murray Enns, Neil Mowchun, Sheila Lander, Martin Levitt and Jennifer J Clinch, 'Desire for Death in the Terminally Ill'. *American Journal of Psychiatry* 1995; 152:1185-1191, at 1185. Notably, '*desire for death was correlated with ratings of pain and low family support but most significantly with measures of depression*.'

¹⁸ Harvey Max Chochinov (2006), 'Dying, Dignity, and New Horizons in Palliative End-of-life Care.' *Cancer Journal for Clinicians* 2006; 56:84-103, at 84.

¹⁹ For example, the Catechism of the Catholic Church (1994), 2277: '*Whatever its motives and means, direct euthanasia . . . is morally unacceptable*.'

This raises another point, more in the field of ontology than ethics, so we won't dwell on it: is death ever a reasonable means to some other end? For example, I may seek relief from pain as my end and death as a means to attain that end. By desiring 'relief from pain' I mean that I wish to experience - to feel, sense, become aware of - a less painful state of being than I currently experience. But if dying means passing from being into non-being - from a state in which I can experience to a state of nothingness at all - then can I really say that 'death will relieve my pain'? If I were relieved of pain by dying, would I ever be aware of it? If not, how can I be sure that death is better than living with pain? This is not a minor point, and we may have certain intuitions in this regard, but I raise it to indicate the fundamental fallacy of nihilism: we just cannot know.

Of course, all this changes if we continue to live on in some form or dimension beyond the experience of physical death - but to consider this we would have to pass into the realms of the spiritual and theological, which takes us well beyond our brief.

For a final time we may ask: what does a person really seek when they seek euthanasia? The precise end or moral object may be virtually impossible to define exactly because the yearnings of the human heart - especially a heart beset by pain, or suffering, or a loss of a sense of hope or dignity - are impossible to identify or articulate with complete accuracy when one stands at any distance from the individual experiencing these yearnings. Even the one experiencing those yearnings may be unable to articulate them: how often do we 'know' through direct experience great and important truths which we find difficult to articulate adequately - the experience of being loved, for example? Those closest to the situation, those who hold the most direct knowledge of the individual suffering person and the concrete circumstances of the particular case, are probably in the best position to have a sense of the real end sought by that person.

But translating that knowledge into a plan of action - to use the traditional metaphysics once more, in order to move from the intending of ends to the election of means - demands more than mere information. What this individual needs is a reasonable outcome, which requires real wisdom, and in particular that 'part' of wisdom identified in the Aristotelian tradition as 'practical wisdom' or 'prudence'. As Jean Porter explains:

Prudence, which takes account of the specifics of an individual's own character and circumstances, determines what, concretely, it means for *this* individual to be in accordance with reason; prudence does this in and through determining the mean of the virtues *relative to the individual* and to the demands of equality and the common good. That is to say, prudence determines what amounts to a substantive theory of the human good, *at least as it applies to this individual in his particular setting*, although of course the individual may not be able to formulate that theory in any systematic way.²⁰

This classical understanding of the virtue of prudence does not concern caution or conservatism; it is the ability to decide what here and now ought to be done. As Porter explains, prudence takes a general concept of 'what is good' and applies it to the case of this particular person with all of his individual circumstances and uncertainties, arriving at what she calls '*a substantive theory of the human good . . . as it applies to this individual in his particular setting.*' Never mind the good we would like to achieve if things were different - this is the actually achievable good, the 'do-able' good, which can an ought to be done here and now for this person. The courts of law cannot supply this because they are too far removed from the particularities of the individual case and the law is a blunt instrument - hence quite rightly they refrain of making any assessment of the object of autonomous choice, limiting themselves solely to assessing the validity of the act of choosing.

²⁰ Jean Porter, *The Recovery of Virtue: The Relevance of Aquinas to Christian Ethics*. London: SPCK, 1994. At162. Emphasis added.

If time allowed we could go further into the virtue of prudence, which in the Aristotelian tradition includes both *synesis* (concerning sound judgment in cases in which the normal rules of conduct apply) and *gnome*, which concerns sound judgment in matters not covered under the normal rules of conduct,²¹ perhaps because they are just too complex. The virtue of *gnome* belongs only to individuals, not to institutions, and only to truly wise and experienced individuals. Once again it seems to me that such an individual close to the suffering person would be more likely to be able to exercise better judgment than would any court or act of Parliament.

In current practice that individual may be the patient himself, or a family member, or the doctor, or some other individual or small group of persons who are very close to the patient, who know him well. Of course there are instances in which family members or doctors make bad choices about end-of-life care, but it may also be that we only hear about the unhappy outcomes. More often than not, I suggest, good decisions are made, and made well, by persons close to the patient without any need for recourse to the courts and acts of Parliament. This is the way we, in our accumulated social wisdom, have traditionally made these kinds of decisions, and perhaps it is still the best way.

²¹ Thomas Aquinas, *ST II-II* 51, 4.

To summarise

Most arguments that I have heard so far in favour of euthanasia are flawed from the very beginning.

- Human beings are not so radically individually autonomous as to be able to choose any imaginable end to pursue, even if in so doing they avoid bringing harm to others. Not only because we happen to live in functional networks of social interrelationship, but by our very nature, we draw our sense of self from our specific social, historical and cultural contexts.
- Individual autonomy, then, cannot mean that we are free to pursue any end we wish from a virtually limitless spectrum of possible objects; individual autonomy means we are free to choose any object from the range of those which promote and make possible our essential relational identity and our common life.
- I suggest that this more adequate notion of autonomy effectively undercuts most of the arguments advanced so far in favour of euthanasia.

But in any event there is another important question to be answered: does a request for euthanasia really express the patient's desire to die, or is the patient really asking for something else? If we really have lost sight of teleology - as MacIntyre suggests - we may have jeopardized our ability to distinguish between the two, and that would have disastrous consequences not only for the patient but for our whole social fabric.

It is not the role of Parliament to legislate any object at all for individual choice; in my view, Parliament's role is to prohibit actions which work against our common life while maximizing the conditions for optimal human flourishing. The question of euthanasia, I suggest, is too complex to be legislated: true respect for the complexity of human experience, especially the experience of pain and suffering, demands that questions of genuine human need should be worked out carefully according to the contingencies of each individual case, with due regard for the proper social context of each. When it comes to health, illness and possibly death, the law is too blunt an instrument to take account of the complexity of human need. What we need much more than new legislation is individuals imbued with great practical wisdom.

In raising all of this I am adding nothing new to the mix - I am simply holding up a mirror to what we have uncritically accepted to be true, and suggesting that there is perhaps more to being us than we have acknowledged so far. What difference that ultimately makes is really up to you.

Thank you for your attention.